



GEORGIA STATE BOARD OF PHYSICAL THERAPY
237 COLISEUM DRIVE
MACON, GA 31217

TRAINEESHIP REPORTING FORM
PLEASE PRINT

It is hereby certified that _____
Last Name First Name Middle Name

Completed the following competencies from _____ to _____
MM/DD/YYYY MM/DD/YYYY

Supervisor Signature _____ Supervisor License No. _____

Trainee Signature _____

Hours can only be obtained during the period of time that the traineeship is valid. If a trainee changes supervisors, a new application must be submitted and approved by the board before training begins.

Minimum Competencies	Hours Completed
Screening	
Examination / Re-examination	
Evaluation	
Diagnosis	
Prognosis	
Plan of Care	
Interventions	
Outcomes Assessment	
Practice Management	
Professionalism: Core Values	
Consultation	
Evidence Based Practice	
Communication	
Cultural Competency	
Promotion of Health, Wellness and Prevention	
Career Development	

Sworn to and subscribed before me
This _____ day of _____ 20____

Notary Signature
My commission expires on _____ / _____ / _____

NOTARY SEAL